# CITY OF ALBUQUERQUE

# FSA Rules to Remember

PLAN YEAR July 1, 2025 - June 30, 2026

# HEALTH FSA CARRY FORWARD

An employer- chosen provision allowing up to a maximum of \$660 of unused Health FSA funds to roll over into the next plan year.

### **RUN-OUT PERIOD**

You have until September 30, 2026 to submit for expenses incurred during the plan year.

## USE OR LOSE RULE

Unused Dependent Care Account balances or any amount over \$660 in the Health FSA will not rollover. Remember, only contribute money you are confident you will use to pay for qualified expenses during the plan year.

Reminder

Over-the-counter (OTC) medications are reimbursable under Flexible Spending Accounts without requiring a prescription or completing a Letter of Medical Necessity Form. Menstrual care products are also now reimbursable as eligible expenses, including tampons and pads.

### FSA CALCULATOR

Estimate your savings when you enroll in an FSA. Use the QR code below.



# Your Guide to Pre-Tax Savings

# WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pretax to use for medical, dental, vision, and child care/elder care expenses that are not covered by insurance, or only partially covered. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket)! Estimate how much you usually spend on these types of expenses in a year and set aside that dollar amount into your FSA. <u>PLEASE NOTE</u>: You do not need to be enrolled in your company's health insurance plan in order to participate in the FSA.

### Health Flexible Spending Account

Covers the cost of medical, dental, and vision expenses incurred by you and or your eligible dependent(s). Eligible expenses include deductibles, co-pays, prescriptions, eyeglasses, and dental work.

Minimum annual election amount: \$260 | Maximum annual election amount: \$3,300

### **Dependent Care Assistance Account**

Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.

Maximum annual election amount: \$5,000

# WHAT IS A PARKING & TRANSIT PLAN?

The Parking and Transit Plan enables you to save taxes on the money you use to pay for work-related parking or transit expenses by using pre-tax dollars on eligible commuter costs. Depending on your tax bracket, you could save up to 40% on state, federal and FICA taxes. Estimate the money you expect to pay for parking or transit and have that dollar amount withheld from your paychecks pre-tax each month. You can even specify an amount to use for occasional bus or metro rail travel. The money you elect to be withheld from your paycheck is credited to an account in your name that is used to pay for your parking or transit expense.

### Parking Account

Use this pre-tax account to pay for work-related parking expenses.

Maximum monthly election amount: \$325

#### **Transit Account**

Use this pre-tax account to pay for commuter transit expenses including trains/subways and buses.

Maximum monthly election amount: \$325

## **P&A BENEFITS CARD**

Your employer offers a Benefits MasterCard for employees who participate in the plan. The Benefits MasterCard works like a debit card. When you incur an eligible expense, swipe your card at the pointof-service and the expense will automatically be deducted from your FSA balance. If you are unable



emails you have received from P&A. An incorrect claim type and/or documentation may result in

New Claim

Claim Response Debit Card Documentation

processing errors or delays.

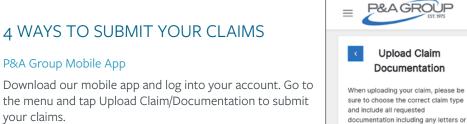
Claim Details

Select Claim Type

Claim Type

to use your Benefits Card, you can still be reimbursed for all eligible expenses. Save your receipt and submit a claim to P&A Group using one of the methods below. For all purchases, we encourage you to save your receipts in case documentation is requested. A new card will be mailed to your home mailing address prior to the card expiring.

NOTE: This card cannot be used at an ATM machine to withdraw cash.



#### QuikClaim from Your Smartphone

Capture a picture of your receipt or other supporting documentation of your eligible expense. Log into your account from your mobile device at <u>www.padmin.com</u> by selecting Account Login and follow the prompts on your screen.

#### Electronic Claim Upload from Your Computer

Submit claims directly online at P&A's website <u>www.padmin.com</u> by logging into your P&A account. Select Upload Claim/Documentation under Member Tools.

#### Fax or Mail a Paper Claim

Complete a claim form and fax or mail it to P&A Group. Claim forms are available when you log into your account at **www.padmin.com**.

FAX: (877) 855-7105

MAIL: P&A Group 6400 Main St. Ste 210 Williamsville, NY 14221

When submitting a claim make sure to include proof of service/documentation (itemized receipt, etc).

#### MOBILE APP

Manage your account through our mobile app. Go to the App Store or Google Play and search "P&A Group MyBenefits" to download it today!



- ✓ Register for account alerts
- ✓ Submit claims
- $\checkmark$  Order a Benefits Card
- ✓ Check your account balance & more!

Mobile Number   Secondary Mobile Number   Secondary Mobile Number   Secondary Mobile Number   Claim Denial   Substantiation Request   Reimbursements   Manual Claim Processing   Wake-Up Notification   Wake-Up Notification   Num-Out Notification	Opt-in to get account alerts
Secondary Mobile Number  Register Device for Push Notifications  I wish to register my device for push notifications.  Claim Denial Substantiation Request Reimbursements Manual Claim Processing Wake-Up Notification Run-Out Notification	
Secondary Mobile Number  Register Device for Push Notifications  I wish to register my device for push notifications.  Claim Denial Substantiation Request Reimbursements Manual Claim Processing Wake-Up Notification Run-Out Notification	
Register Device for Push Notifications         I wish to register my device for push notifications.         Claim Denial         Substantiation Request         Reimbursements         Manual Claim Processing         Wake-Up Notification         Run-Out Notification	
I wish to register my device for push notifications.	Secondary Mobile Number
I wish to register my device for push notifications.	
for push notifications.  Claim Denial  Substantiation Request Reimbursements Manual Claim Processing Wake-Up Notification Run-Out Notification	Register Device for Push Notifications
Substantiation Request Reimbursements Manual Claim Processing Wake-Up Notification Run-Out Notification	
Reimbursements     Manual Claim Processing     Wake-Up Notification     Run-Out Notification	Claim Denial
Manual Claim Processing Wake-Up Notification Run-Out Notification	Substantiation Request
Wake-Up Notification	Reimbursements
Run-Out Notification	Manual Claim Processing
	Wake-Up Notification
Save Changes >	Run-Out Notification
Save Changes >	
	Save Changes >
Update Security Information	Update Security Information

#### **QUESTIONS?**

HRS:	Monday - Friday
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